

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 21, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97110, 97250, 97265, 97122, and 99213 for dates of service 6/26/02 through 7/2/02.

II. RATIONALE

EOBs were not submitted by either party. The respondent did not file an initial response to the initial TWCC-60 or a response to the additional information submitted and signed for on May 21, 2003; therefore, this dispute will be worked as a general fee dispute.

- CPT Code 97110 for dates of service 6/26/02 – 7/2/02 – Per the 1996 Medical Fee Guideline (MFG), Medicine Ground Rule (MGR) (I)(A)(9)(b) submitted treatment notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.
- CPT Code 97250 for dates of service 6/26/02 – 7/2/02 – Per the 1996 MFG/MGR (I)(C)(3) submitted treatment notes support service was rendered as billed. Reimbursement in the amount of \$129.00 (\$43.00 x 3) is recommended.
- CPT Code 97265 for dates of service 6/26/02 – 7/2/02 – Per the 1996 MFG/MGR (I)(C)(3) submitted treatment notes support service was rendered as billed. Reimbursement in the amount of \$129.00 (\$43.00 x 3) is recommended.
- CPT Code 99213 for dates of service 7/1/02 and 7/2/02 – Per the 1996 MFG/MGR (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. Reimbursement for one date of service in the amount of \$48.00 is recommended.
- CPT Code 97122 for date of service 7/2/03 – Per the 1996 MFG/MGR (I)(A)(9)(b) manual traction is consider a procedure which requires supervision by the doctor of HCP in either a group or one-to-one setting. Treatment notes for this date of service do not support delivery of service. Reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97250, 97265, and 99213 in the amount of \$306.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$306.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf